## Issue Classification | 10535060



| Application/Control No. |  |
|-------------------------|--|
|                         |  |

Ping Lee

Examiner

2614

|   | Applicant(s)/Patent Under Reexamination |
|---|---|
|   | MEEUSEN, RAFAEL                         |
| Ī | Art Unit                                |

|                    |     |            |         |           |     | _       |                              |                      |   |  |   |   |             |  |  |  |
|--------------------|-----|------------|---------|-----------|-----|---------|------------------------------|----------------------|---|--|---|---|-------------|--|--|--|
| ORIGINAL           |     |            |         |           |     |         | INTERNATIONAL CLASSIFICATION |                      |   |  |   |   |             |  |  |  |
| CLASS SUBCLASS     |     |            |         |           |     | CLAIMED |                              |                      |   |  |   |   | NON-CLAIMED |  |  |  |
| 381 3              |     |            |         | I         | 0   | 4       | н                            | 20 / 48 (2008.01.01) |   |  |   |   |             |  |  |  |
| CROSS REFERENCE(S) |     |            |         |           |     |         |                              |                      | _ |  | - | _ |             |  |  |  |
| CLASS              | SUB | CLASS (ONE | SUBCLAS | S PER BLO | ск) |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |
|                    |     |            |         |           |     |         |                              |                      |   |  |   |   |             |  |  |  |

| ሾ     | Claims renumbered in the same order as presented by applicant |       |          |       |          |       | s renumbered in the same order as presented by applicant CPA T.D. |       |          |       |          |       |          | 47    |               |
|-------|---|-------|----------|-------|----------|-------|---|-------|----------|-------|----------|-------|----------|-------|---------------|
| Final | Original  | Final | Original | Final | Original | Final | Original  | Final | Original | Final | Original | Final | Original | Final | Original      |
| - 1   | 1   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
| 2     | 2   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
| 3     | 3   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
| 4     | 4   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       | _   |       |          |       |          |       |   |       |          |       |          |       |          |       | $\overline{}$ |
|       | _   |       |          |       |          |       |   |       |          |       |          |       |          |       | $\overline{}$ |
|       | _   |       |          |       |          |       |   |       |          |       |          |       |          |       | -             |
|       |   |       |          |       |          |       |   |       |          |       |          |       |          |       |               |
|       | _   |       | _        |       | _        | -     |   |       | _        |       | _        |       | _        |       | -             |

| NONE   | Total Claims Allowed: |                     |                   |  |  |
|--|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner)                         | (Date)                | 4                   | 1                 |  |  |
| /Ping Lee/<br>Primary Examiner.Art Unit 2614 | 6/17/10               | O.G. Print Claim(s) | O.G. Print Figure |  |  |
| (Primary Examiner)                           | (Date)                | 1                   | 1                 |  |  |